

1. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124
Co. Registrar's No. 492
Local Registrar's No. _____

FULL NAME OF CHILD Male Fred Bennett
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other } and { Number in order of birth 4 Legiti- mate? yes Date of Birth Sept. 27 1921 Born } YES } NO Alive } NO

FATHER				MOTHER			
Full Name	<u>Male Fred Bennett</u>			Full Maiden Name	<u>Annie Starnes</u>		
Residence	<u>Inspiration, Arizona</u>			Residence	<u>Inspiration, Ariz.</u>		
Color or Race	<u>White</u>	Age at last Birthday	<u>36</u> Years	Color or Race	<u>White</u>	Age at last Birthday	<u>32</u> Years
Birthplace	<u>Rome, Ga.</u>			Birthplace	<u>Hazelhurst, Miss.</u>		
Occupation	<u>Miner</u>			Occupation	<u>Housewife</u>		

Number of child of this Mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 27, 1921, at 5 P.M.
*When there is no attending physician or midwife, then the householder should make this return.
Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____
Address Miami, Arizona
Filed Sept 30 1921 B. W. Back M.D. LOCAL REGISTRAR.
123-927-122 A True Copy Filed Oct 5 1921 B. L. Lee COUNTY REGISTRAR.
COUNTY REGISTRAR.